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Possible Questions and Answers
The Thyroid Study On Utah Thyroid Study

Q. If the findings of the study team are confirmed in whole or in part by the panel of experts, what are the next steps?

A. The panel would, of course, advise the family physicians and the parents of the children involved. Their recommendations might include a period of observation, additional tests, and biopsies.

Q. In the event that the thyroid of any of these children is in fact malignant, would this not be apparent at the time tissue is taken for biopsy?

A. Cancer of the thyroid is one of the most difficult malignancies to diagnose, either visually or microscopically. In the event there were suspicion of cancer at the time of tissue removal for biopsy, it is possible to freeze a section of tissue and obtain a clinical diagnosis before closing the incision.

Q. What is the long-term effect of removing a youngster's thyroid?

A. The thyroid hormone can be effectively replaced by prescribed doses of thyroid extract.

Q. If it is concluded that there is an unusual incidence of thyroid cancer in Washington County, what steps will be taken to determine whether a similar situation exists elsewhere in the area?

A. The study will be expanded to other groups who as infants or young children may have been exposed to iodine fallout from the test site area.

Q. To what extent was the area monitored for iodine following the tests?

A. It was not monitored in the early years when many of the tests took place. The significance of internal exposure to radioactive fallout, including iodine, was not well or widely known at the time of the tests and has not yet, in fact, been fully established.

Q. Is it possible to estimate, even roughly, the number of young people who as infants or young children lived in the fallout area?

A. Whether or not additional groups will need to be studied depends primarily on the final outcome of the Washington County study.

Q. Are infants and young children the only ones susceptible to thyroid cancer from iodine fallout, or are they merely the highest risk group in the population?

A. On the basis of current knowledge, susceptibility to thyroid cancer resulting from internal exposure to radioactive iodine drops markedly with age. It is highest in infancy, drops precipitately with each year of growth and is virtually non-existent among adults.

Q. On the basis of the preliminary findings, is there any evidence that any of these children are in acute danger?

A. No. Not even if some are eventually found to have cancer. Cancer of the thyroid is a slowly-maturing, self-contained type of malignancy that can readily be treated through radiation or surgery.

2. To what extent have population groups outside the Nevada Test Site Area been exposed to radioactive iodine from the Nevada tests?

1. Available information indicates that iodine fallout was far less countrywide than in the areas around the test site.